Division of Management and Technology DMT-479 (Rev. 12/2000)

AUDIT CONFIRMATION REQUEST

Mail completed request <u>and self-addressed envelope</u> directly to:

Audit Confirmation Coordinator Bureau of Fiscal Services, Room 750 1 W. Wilson Street, P.O. Box 7850 Madison, WI 53707-7850 **Voice:** (608) 266-8147 **Fax:** (608) 264-9874

Contact Person Name		2. Telephone Number () -		
3. Grant Recipient Name				
4. CARS Agency Number	5. Program Name			
6. CARS Profile Number	7. Contracts NOT on CARS: Purchase Order No. or Other Identifying Information			
8. Contract Periods ———————————————————————————————————		unt	10. Amount Earned Per Contract	
(month) (day) (year)				
12. Does this grant include federal financial assistance dollars? ☐ Yes ☐ No ☐ Number (CFDA		deral Domestic Assistance A)		14. Percentage of Federal Funds
The above information agrees with our records, except as indicated. (To be completed by Audit Confirmation Coordinator.)				
Confirmed By - Name		Date Confirmed	Telephone Number () -	

Purpose of Form: Completion of this form is voluntary. Personally identifiable information on this form will be used only to process the audit confirmation request. At the request of CPA firms, the Department of Health and Family Services will provide confirmation of amounts paid on grants to provider agencies directly funded by the Department and will identify differences wherever possible. **Photocopying of the form is encouraged.**

Confirmation requests of amounts paid on grants administered by other State Agencies (i.e. Department of Workforce Development) will be returned to the CPA firm and should be directed to the Agency administering the grant.

The Department does not prepare schedules for grants paid to agencies. To obtain information on monthly payments refer to the DMT-603, which is provided with each payment. The Department will provide copies of the year-end DMT-603 if requested by the agency or their auditors. Requests should be directed to the following address:

Department of Health and Family Services CARS Unit, Room 736 1 W. Wilson Street, P. O. Box 7850 Madison, WI 53707-7850 Telephone: (608) 267-7104